Case 1:07-cv-06714 Document 3 ☐ Agent ☐ Addressee Date of Delivery ☐ Express Mail ☐ Return Receipt for Merchandise 102595-02-M-1540 % % U □ Yes COMPLETE THIS SECTION ON DELIVERY D. Is delivery address different from item 1? Ö If YES, enter delivery address below: □ C.O.D. Restricted Delivery? (Extra Fee) B. Received by (Printed Name) Certified Mail
Registered
Insured Mail 3. Service Type A. Signature Domestic Return Receipt so that we can return the card to you. Attach this card to the back of the mailpiece, Print your name and address on the reverse Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. SENDER: COMPLETE THIS SECTION or on the front if space permits. PS Form 3811, February 2004 (Transfer from service label) Rea 2. Article Number